

MAILED REGISTERED TO BE KEPT IN THE RECORDS OF THE STATE BOARD OF HEALTH. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5. M. McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of
 or
 Inc. Town of
 or
 City of Gaffney, S.C.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar
88881

Registration District No. 100 Registered No. 195
 (For use of Local Registrar)
 St.; 2 Ward
 (No. 925, Prudence)

(2) Full Name of Child } If child is not yet named; make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 23 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Coyne

(9) PRESENT POSTOFFICE OF FATHER Gaffney

(10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Cherokee Co

(13) OCCUPATION Mill work

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Blanton

(15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Cherokee Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled [Signature] 1916 (28) [Signature] Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.